

LOCAL PORNOGRAPHY COMPLAINT FORM

Name and address of City Prosecutor (obtain from phone book):

Name: _____
City Attorney's Office
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____

Name and address of citizen or organization:

Name: _____
Organization: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
E-mail Address: _____

Date: _____

Dear City Prosecutor:

I would like to report material I believe violates the state/local pornography laws. Please investigate this matter and if you find probable cause, please file criminal charges against the responsible parties.

I believe the following violations are being committed: (Check all boxes that apply)

- ☐ Distribution of Pornographic Material
- ☐ Dealing in Material Harmful to a Minor
- ☐ Indecent Public Display
- ☐ Distribution of Pornographic Material through Cable Television
- ☐ Violations of the Sexually Oriented Business laws
- ☐ Other _____

Name and address of person or company (e.g., store, cable TV operator, etc.) providing the material:

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
E-mail Address: _____

Web Site: _____

Date offense was observed: _____

Was the material sold to, received by, or available to a minor? ☐ Yes ☐ No

The suspected violation was observed at or was received from:

- | | | |
|--|---|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Sexually Oriented Business | <input type="checkbox"/> Video Store |
| <input type="checkbox"/> Library | <input type="checkbox"/> Bookstore | <input type="checkbox"/> Other Business |
| <input type="checkbox"/> Home | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Movie Theater | | |

I Am Reporting About:

- | | | |
|--|--|---|
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Video or DVD | <input type="checkbox"/> Unsolicited Email |
| <input type="checkbox"/> Mail Advertiser | <input type="checkbox"/> Music Lyrics | <input type="checkbox"/> Public Display |
| <input type="checkbox"/> Network TV Show | <input type="checkbox"/> Picture/art | <input type="checkbox"/> Book |
| <input type="checkbox"/> Pay Per View Show | <input type="checkbox"/> Web Site | <input type="checkbox"/> Live Performance |
| <input type="checkbox"/> Cable/Satelite TV | <input type="checkbox"/> Radio Broadcast | <input type="checkbox"/> Computer-Generated Image |
| <input type="checkbox"/> Movie | <input type="checkbox"/> Dial-a-porn | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Other _____ | | |

Please describe how you came to see/receive the material, where it was located and describe the material including title and rating, if any: *(Remember, if Web site, give Web address [URL]; if telephone, the number; if TV, channel name and number; if radio, radio name and call number)*

The material depicted or described sexual conduct: (Check all boxes that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Sexual Intercourse | <input type="checkbox"/> Sadomasochism | <input type="checkbox"/> Excretory Functions |
| <input type="checkbox"/> Masturbation | <input type="checkbox"/> Sexual Bestiality | <input type="checkbox"/> Lewd Exhibition of the Genitals |
| <input type="checkbox"/> Oral Sex | <input type="checkbox"/> Anal Sex | <input type="checkbox"/> Genitals in State of Arousal |
| <input type="checkbox"/> Other _____ | | |

Mark the following categories that apply:

- ☐ I believe the material:
- when taken as a whole, appeals to a prurient interest in sex; and
 - depicts or describes sexually explicit sexual conduct in a patently offensive manner; and
 - when taken as a whole, lacks serious literary, artistic, political, and scientific value.

- ☐ I believe the material is harmful to minors because:
- for minors, when taken as a whole, it appeals to a prurient interest in sex; and

is patently offensive as to what is suitable for minors; and
when taken as a whole, does not have serious value for minors.

I have turned the material over to: (Name of agency, if any)

I have also filed this complaint with the following agencies, if any:

I would like to know the what action is taken on this complaint.

Signature: _____

Retain a copy of this form for your own records.